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| **BLS Treatment** |
| * Position of comfort.
* NPO.
* **Oxygen** as indicated.
* Provide Spinal Motion Restriction as indicated or position of comfort as indicated.
* Appropriately splint suspected fractures/instability as indicated.
* Bandage wounds/control bleeding as indicated; apply tourniquet proximal to injury as indicated.
* Assess extremity for decreased sensation, motor function, skin color changes and diminished pulses every 5 min (while entrapped and after extrication).
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| **ALS Treatment** |
| * EKG rhythm strip before and after extrication of crushed extremity.

**Pre-Extrication*** Establish IV/IO and administer bolus of 2 L of **Normal Saline** followed by 500ml /hr.

**Immediately Prior to Extrication*** Administer **Sodium Bicarbonate** 1mEq/kg up to 100 mEq IVP.

**Post Extrication*** If hyperkalemia is suspected [T waves is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops], administer **Calcium Chloride.**
* If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer **Albuterol** (helps drive K+ into cells).
* For pain: may administer **Morphine Sulfate.**
* For nausea / vomiting: may administer **Ondansetron.**
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| **Comments*** Complete trauma assessment and evaluate patient for other distracting injuries and treat as indicated.
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| **Base Hospital Contact Criteria** |
| * Fluid bolus for pediatric patient.
* Patients with history of cardiac or renal dysfunction.
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